

GAO

Testimony

Before the Subcommittee on National Security, Veterans'  
Affairs, and International Relations, Committee on  
Government Reform, House of Representatives

For Release on Delivery  
Estimated at  
10:00 a.m., EST  
Wednesday,  
February 2, 2000

GULF WAR ILLNESSES

Basic Questions  
Unanswered

Statement of Kwai-Cheung Chan, Director, Special Studies and Evaluations,  
National Security and International Affairs Division



20000210 008

**DISTRIBUTION STATEMENT A**  
Approved for Public Release  
Distribution Unlimited



**G A O**

Accountability \* Integrity \* Reliability

Mr. Chairman and Members of the Subcommittee:

We are pleased to be here today to discuss our recently completed report on the research and investigations conducted on Gulf War veterans' illnesses.<sup>1</sup> Many of the approximately 700,000 Gulf War veterans have complained of illnesses since the war's end in 1991, and over 10 percent have completed health examinations through the Department of Veterans' Affairs (VA) or Department of Defense (DOD). Some are concerned they are suffering from chronic disabling conditions because of exposures during the war to agents with known or suspected effects on health. In response to this concern, the government has funded research, investigation, and information activities through various agencies, including DOD, VA, and the Department of Health and Human Services (HHS). These agencies participate in an interagency group, the Persian Gulf Veterans' Coordinating Board, which was established in 1994 to coordinate these activities. The Coordinating Board's Research Working Group, currently chaired by the Department of Veterans' Affairs, focuses on research planning, review, and dissemination, but it is not authorized to manage or distribute the Departments' research funds. In 1996, DOD established the Office of the Special Assistant for Gulf War Illnesses to oversee DOD's efforts regarding illnesses being experienced by Gulf War veterans.

As requested, today we will discuss the expenditures on these efforts by the Departments of Defense, Veterans' Affairs, and Health and Human Services and our work to evaluate their results. Specifically, we determined

---

<sup>1</sup> Gulf War Illnesses: Management Actions Needed to Answer Basic Research Questions (GAO/NSIAD-00-32, Jan. 6, 2000).

- the amount of money that these three departments spent in fiscal years 1997 and 1998 on research and investigation into Gulf War veterans' illnesses and health concerns,
- the results of the research and investigation spending,
- the extent of coordination between the Coordinating Board's Research Working Group and DOD's Office of the Special Assistant for Gulf War Illnesses, and
- the management of contracts supporting DOD's Office of the Special Assistant.

## SUMMARY

I will briefly summarize our four principal findings before providing more detail.

- First, during fiscal 1997 and 1998, the Departments of Veterans' Affairs, Health and Human Services, and Defense spent more than \$121 million for research and investigation into Gulf veterans' illnesses. The Defense Department spent \$112 million of this total, mostly through its Office of the Special Assistant for Gulf War Illnesses.
- Second, results of the research and investigation activities are accruing slowly and basic questions about the causes, course of development, and treatments of Gulf War veterans' illnesses remain unanswered.
- Third, the activities of the Office of the Special Assistant are not effectively coordinated with those of the Research Working Group.

- Finally, work was improperly awarded to the Office's support contractors for tasks worth more than \$20 million.

#### DOD SPENT MOST OF THE RESEARCH AND INVESTIGATION FUNDS

DOD spent most of the \$121 million used for Gulf War research and investigation by the three agencies in fiscal 1997 and 1998. The Department of Health and Human Services reported it spent less than \$2 million, the Department of Veterans' Affairs \$7 million, and DOD \$112 million. These amounts exclude expenses for examinations and clinical care of ill veterans. Within DOD, the Office of the Special Assistant spent the largest amount, \$65 million, while other activities, such as the medical research efforts catalogued by the Research Working Group, accounted for \$47 million.<sup>2</sup>

Representatives of the Office of the Special Assistant told us that the Office had projected spending \$36 million in fiscal 1999 and \$30 million in fiscal 2000. These officials told us in 1998 that they were seeking the guidance of the President's Special Oversight Board on DOD Investigations of Chemical and Biological Incidents to determine what portion of the Office's investigative work should continue and how it should reduce the role of the Office. However, funding for the Office is included in DOD's budget through fiscal 2005.

---

<sup>2</sup> The expenditures for VA's studies do not include overhead costs because indirect costs are included under VA's medical care appropriation. Similarly, the majority of HHS' expenditures represent direct costs only. DOD's spending does not include overhead costs for internal studies run by the Department but does for external ones financed by the Department. In addition, the numbers reported for the Office of the Special Assistant include overhead costs and some spending on veteran outreach.

## BASIC QUESTIONS ABOUT VETERANS' ILLNESSES REMAIN UNANSWERED

Regarding the results to date of the three Departments' research and investigations, we have several observations. First, as of November 30, 1999, the Research Working Group of the Persian Gulf Veterans' Coordinating Board had not published an assessment of the extent to which the research agenda has satisfied the objectives it identified in 1995. These objectives include questions about the prevalence of specific health problems and exposures among the veteran population and the way the prevalence differs between Gulf War veterans and appropriate control populations. We recommended, and agency officials agreed, that a date should be established in 2000 for publication of this assessment.

Also, while findings from research are beginning to accumulate, most of the sponsored studies are ongoing or in review. By mid-1999, of the 151 research projects monitored by the Research Working Group, 70 percent were still ongoing, including 19, or about 30 percent of the 62 that were scheduled for completion by then. Group officials attributed the extended completion dates either to efforts to collect or incorporate additional data or to unanticipated delays, such as difficulties in securing approval to collect data or problems in locating and recruiting veteran participants.

In addition, DOD's Office of the Special Assistant for Gulf War Illnesses had received 19 of the 20 reports due from its major research contractors. However, only 6 had been publicly

released; the remainder was largely in various stages of interagency review. Fourteen of these reports had remained in draft or review status for a year or longer.<sup>3</sup>

While federally sponsored studies have resulted in some descriptive information concerning veterans' symptoms, many basic questions remain. Identification of the potential causes of veterans' unexplained symptoms has been difficult because researchers are faced by persistent problems in ascertaining veterans' specific exposures. In addition, the Research Working Group has not endorsed any case definition or set of such definitions that might focus federal research. These difficulties led us to conclude in our 1997 report that the many epidemiological studies being sponsored would not provide definitive information on the causes of veterans' illnesses.<sup>4</sup> In particular, difficulty in accurately classifying veterans by the levels of their exposure to specific agents makes it hard to detect associations between exposures and health outcomes.

Other basic questions remain unanswered 9 years after the veterans returned home. As early as 1994, a National Institutes of Health Work Group that met to consider research needs on Gulf War veterans' illnesses, observed that better estimates of the prevalence of symptoms were desirable. In 1997, we noted -- as did the Special Investigative Unit of the Senate Veterans' Affairs Committee -- that open questions included how many of the veterans who had been examined had unexplained illnesses or symptoms. However, a

---

<sup>3</sup> For a review of the Office's investigatory activities, see Gulf War Illnesses: Improved Monitoring of Clinical Progress and Reexamination of Research Emphasis Are Needed (GAO/NSIAD-97-163, June 23, 1997).

<sup>4</sup> Epidemiology is the study of the distribution of illness. Epidemiological studies generally first describe patterns of illness, environmental factors, and exposures. Researchers then form hypotheses based on patterns seen in such descriptive data and conduct analytic epidemiological studies to test these hypotheses, often by comparing the exposures of persons who fit specific illness criteria to those who do not or by comparing rates of illness among persons with different levels of specific exposures.

September 1999 report of the Institute of Medicine noted that no systematic evaluation has been done to determine whether or how veterans' health status is changing.<sup>5</sup> Also, in its 1998 report to Congress, the Research Working Group acknowledged that no government research is specifically directed toward understanding the progress of Gulf War veterans' illnesses over time and that research should assess the long-term health of these veterans.<sup>6</sup>

Some data that might be helpful in answering such questions are being collected as part of a national health survey of Gulf War veterans being conducted by VA, but an analysis of these data was not available at the close of our review. In addition, an HHS-sponsored project, which began in 1997, is assessing the persistence and stability of veterans' symptoms over time. This study is planned to end in 2000.

We recommended that steps be completed to compile data on the number of Gulf War veterans with unexplained illnesses, the treatments they were receiving, and the success of these treatments. DOD partially concurred with this recommendation and VA did not concur. Neither agency opposed the collection of information on the number and health status of Gulf War veterans with unexplained illnesses. However, VA stated that it could not implement the recommendation as worded without specific case definitions (that is, criteria to identify distinct illnesses). DOD objected that veterans' illnesses were not amenable to a single, unifying case definition. Although consensus on a single definition

---

<sup>5</sup> Institute of Medicine, Gulf War Veterans: Measuring Health (Washington, D.C.: National Academy Press, Sept. 1999), p. 3, 35.

<sup>6</sup> Persian Gulf Veterans' Coordinating Board – Research Working Group, Annual Report to Congress – 1998 (Washington, D.C.: PGVCB RWG, June 1999), p. 53.

would simplify this task, it is not essential. Nonetheless, we agree that some categorization scheme or set of working case definitions will be useful in counting the numbers of veterans that have unexplained illnesses of some type and we revised our recommendation to reflect this. In September 1999, the Institute of Medicine issued a report to VA which recommended a methodology for measuring veterans' health status. This approach is consistent with our recommendation that VA and DOD select a strategy for answering this question and compile the appropriate data.

#### ACTIVITIES ARE NOT EFFECTIVELY COORDINATED

The Office of the Special Assistant's activities have not been effectively coordinated with those of the Research Working Group to maximize the efficient use of resources. Group and Office representatives stated that the Office's activities involve investigations, not research, and were therefore not subject to coordination. However, in a 1997 letter to the Office of the Special Assistant, the Research Working Group clearly regarded some of the Office's activities as research. Regardless of whether the work of the Office is considered research or not, it describes the extent and nature of veterans' possible exposures to hazardous materials. Characterizing veterans' exposures is the focus of several of the research objectives the Group established in 1995, and the Office's investigations of potential exposures should be germane to researchers trying to identify the consequences of such exposure.

The lack of effective coordination between the Group and the Office also increases the potential to miss opportunities to take advantage of ongoing and completed work by other



agencies. For example, in January 1998, the Institute of Medicine presented a proposal to VA, which was funded under a congressional mandate, to pursue studies at a projected cost of \$1.25 million to review, evaluate and summarize the available scientific and medical information regarding the association between Gulf War veterans' exposures and the adverse health effects they had experienced. However, in 1997, the Office of the Special Assistant contracted with RAND at a cost of more than \$1.5 million to conduct a similar review.<sup>7</sup> In addition, the three Departments separately funded reviews of the health effects of depleted uranium. Better coordination of these efforts might have saved both time and money.

To prompt these offices to work more closely on behalf of all veterans, we have recommended that the three Department secretaries direct the Executive Director of the Research Working Group to effectively coordinate the efforts of the Office of the Special Assistant for Gulf War Illnesses with related activities of DOD, VA, and HHS to prevent duplication and improve the efficiency of resource use. We believe that greater cooperation, exchange of information, and coordination will help expedite the process and help find solutions the veterans need.

#### CONTRACTING FOR THE OFFICE'S SUPPORT SERVICES WAS FLAWED

With regard to the management of contracts supporting the Office, we reviewed four support agreements, which accounted for more than 91 percent of the \$47 million the Office spent for support services. We found that two task orders worth over \$20 million were awarded improperly, and the Office discouraged competition for another task order by

---

<sup>7</sup> The Office eventually authorized RAND work valued at \$3.2 million.

specifying a preferred vendor. Because the Office is likely to continue to spend a significant part of its budget on support contracts, the Office needs to ensure that its contracts fully comply with applicable requirements.

We recommended that the Secretary of Defense direct the Office of the Special Assistant to replace an improperly awarded task order with a proper contracting arrangement as soon as practicable. Finally, we recommended that the Secretary direct the Office that all future support contracts should comply fully with applicable laws and regulations. DOD did not concur with these recommendations, stating that the Office of the Special Assistant does not have its own contracting officers and relied on the judgment of contracting professionals outside the office, who did not object to the Office's contract actions. We recognize that the Office of the Special Assistant relies on contracting professionals outside the office to execute its support contracts. Nevertheless, the office is, at a minimum, responsible for determining its requirements for support, a process that in one instance resulted in naming a preferred vendor and in another led to an overly broad statement of work. The effect of these practices is to discourage competition. It is important that both requiring agencies, such as the Office, as well as agencies that execute contracts, adhere to the statutes and regulations designed to maximize competition.

-----

Mr. Chairman, this concludes my statement. I would be happy to answer any questions you may have.

## Contacts and Acknowledgments

For future questions regarding this testimony, please contact Kwai-Cheung Chan at (202) 512-3652. Individuals making key contributions to this testimony included Dr. Sushil K. Sharma and Dr. Betty Ward-Zukerman.

(713045)